



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$385921000
Outpatient Patient Service Revenue	\$440839000
Total Gross Patient Service Revenue	\$826760000

2. Deductions From Revenue

Contractual Allowance	\$529211000
Other Deductions	\$8342000
Total Deductions	\$537553000

3. Total Operating Revenue

Net Patient Service Revenue	\$28920700
Other Operating Revenue	\$10592000
Total Operating Revenue	\$39512700

4. Operating Expenses

Salaries and Wages	\$78734000	Employee Benefits	\$24023000
Depreciation and Amortization	\$17879000	Interest Expense	\$1527000
Bad Debt	\$25104000	Other Expenses	\$133743000
Total Operating Expenses	\$281010000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$18789000	Total Assets	\$274683000
Net Non-operating Gains over Loss	\$-371000	Total Liabilities	\$109113000

Total Net Gains	\$18418000
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$413180000	\$321674000	\$91506000
Medicaid	\$123627000	\$89441000	\$34186000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$289953000	\$126438000	\$163515000
Total	\$826760000	\$537553000	\$289207000

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$96000	\$-96000

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$745000	\$-745000
Hospital Patients	\$0	\$2337000	\$-2337000
Community Education	\$0	\$574000	\$-574000

Number of Medical Professionals Trained	289
Number of Hospital Patients Educated	10346
Number of Citizens Exposed to Health Education Messages	52229

Statement Six: Charity Statement
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Hospital Charity Charges	\$4707557
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1457000	
HCI Payments	\$0		
Subtotal	\$0	\$1457000	\$-1457000
Medicaid Shortfalls	\$34186000	\$38266000	
Subtotal	\$34186000	\$39723000	\$-5537000
DSH Payments	\$0		
Subtotal	\$34186000	\$39723000	\$-5537000
Medicare Shortfalls	\$91506000	\$127890000	
Other Government Programs	\$0	\$0	
Total	\$125692000	\$167613000	\$-41921000

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$111000	\$1008000	\$-897000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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